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**TESTIMONY OF
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SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 15, 2013**

SB 968, An Act Concerning Reports Of Nurse Staffing Levels

I, Peter J. Karl, President and Chief Executive Officer of Eastern Connecticut Health Network, appreciate the opportunity to submit testimony concerning **SB 968, An Act Concerning Reports Of Nurse Staffing Levels**.

This bill would require hospitals to submit to the Department of Public Health annual reports on prospective nurse staffing plans and quarterly reports of actual daily nurse staffing levels by numerical staff-to-patient ratios for registered nurses, licensed practical nurses, and registered nurses' aides as defined in Section 20-102aa of the Connecticut General Statutes.

I oppose SB 968 because it would have no meaningful effect on the continuous delivery of safe, quality care, but it would impose an unnecessary administrative burden.

Connecticut hospitals are committed to providing the highest quality care to achieve optimal patient outcomes. They are intensely engaged in building and sustaining organizational cultures of safety and employing high reliability strategies and evidence-based practices to prevent patient care complications and ensure the best patient experience. The reporting that would be mandated by SB 968, which focuses on a gross numeric staff-to-patient ratio, would not reflect the complexity and dynamic nature of hospital staffing, and would provide no insight or benchmark for improvements. This is simply counting; it is an unsophisticated measure unrelated to any patient care goal.

Nursing professionals at Connecticut hospitals continuously assess patient care needs and consider a wide range of factors that go beyond numbers and ratios to make staffing decisions. Some examples include patient-specific factors such as the severity and urgency of a patient's condition, age, cognitive and functional ability, scheduled procedures, and stage of recovery. Staff-specific factors such as licensure, educational preparation, skill level, years of experience, tenure on the patient unit, and level of experience with a particular type of patient care are considered. These elements are not captured by simply counting the total number of patients and the total number of staff at any level.

In addition, consideration is given to situational factors such as technology needs and availability, and physical layout of the patient care unit. The assessment of a combination of these factors and the judgment required to make staffing decisions cannot be articulated in a quarterly report.

To accommodate changes in census, acuity, and the specific care needs of patients, hospital staffing levels and skill mix are constantly adjusted throughout the day. Quarterly reporting of numbers and ratios, again, cannot provide an accurate reflection of actual staffing levels. In addition, and most important, numbers alone are not reliable indicators of quality, and there is no scientific evidence to support a specific optimum nurse-to-patient ratio for acute care hospitals.

I believe that SB 968 will not accomplish meaningful patient care quality goals and that the public is better served through initiatives directed toward achieving positive patient outcomes. I urge this Committee to support initiatives that meaningfully contribute to adequate resources for the provision of quality care, rather than impose an unnecessary administrative burden on hospitals that will only draw upon the precious time of staff members who we need focused on patient care.

All hospitals will continue to work with state agencies, healthcare providers, and educational institutions to ensure that Connecticut's citizens receive the best care in the midst of healthcare transformation, workforce shortages, and limited resources.

I urge you not to support SB 968. Thank you for consideration of my position.